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### Application Packet Number

Substitute for Form PTO-875

Application or Docket Number  
10803972

(Column 1) (Column 2)

**SMALL ENTITY**

**OR**

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.18(a), (b), or (c))		
SEARCH FEE (37 CFR 1.18(h), (j), or (m))		
EXAMINATION FEE (37 CFR 1.18(e), (p), or (q))		
TOTAL CLAIMS (37 CFR 1.16(f))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))		

RATE (\$)	FEE (\$)
\$	\$
\$	\$
TOTAL	

RATE (\$)	FEE (\$)
X	
X	
/	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

APPLICATION AS AMENDED -- PART II

(Column 1)	(Column 2)	(Column 3)
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
88	89	90
91	92	93
94	95	96
97	98	99
100	101	102
103	104	105
106	107	108
109	110	111
112	113	114
115	116	117
118	119	120
121	122	123
124	125	126
127	128	129
130	131	132
133	134	135
136	137	138
139	140	141
142	143	144
145	146	147
148	149	150
151	152	153
154	155	156
157	158	159
160	161	162
163	164	165
166	167	168
169	170	171
172	173	174
175	176	177
178	179	180
181	182	183
184	185	186
187	188	189
190	191	192
193	194	195
196	197	198
199	200	201
202	203	204
205	206	207
208	209	210
211	212	213
214	215	216
217	218	219
220	221	222
223	224	225
226	227	228
229	230	231
232	233	234
235	236	237
238	239	240
241	242	243
244	245	246
247	248	249
250	251	252
253	254	255
256	257	258
259	260	261
262	263	264
265	266	267
268	269	270
271	272	273
274	275	276
277	278	279
280	281	282
283	284	285
286	287	288
289	290	291
292	293	294
295	296	297
298	299	300
301	302	303
304	305	306
307	308	309
310	311	312
313	314	315
316	317	318
319	320	321
322	323	324
325	326	327
328	329	330
331	332	333
334	335	336
337	338	339
340	341	342
343	344	345
346	347	348
349	350	351
352	353	354
355	356	357
358	359	360
361	362	363
364	365	366
3		

**SMALL ENTITY**

Of:

OTHER THAN  
SMALL ENTITY

AMENDMENT A	9-30-05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR § 1.602)	20	Minus	20	-
	Independent (37 CFR § 1.601)	2	Minus	3	-
Application Size Fee (37 CFR § 1.605)					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR § 1.604)					

RATE (\$)	ADDITIONAL FEE (\$)
.25	
.100	
TOTAL ADD. FEE	

SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
50	
200	
TOTAL ADD' L FEE	

1914.  
22: 1914

TOTAL  
ADD: FEED

AMENDMENT #	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRELIMINARY FEE		
3/16/6	Total: (37 CFR 1.161)	18	20		
	Independent: (37 CFR 1.162)	2	3		
Application Size Fee (37 CFR 1.161s)					
Fees for processing amendments and claims, including the fee for a claim, shall be \$100.					

DATE (\$)	ADDITIONAL FEE (\$)
10/1/80	10.00
10/2/80	10.00
10/3/80	10.00
10/4/80	10.00
10/5/80	10.00
10/6/80	10.00
10/7/80	10.00
10/8/80	10.00
10/9/80	10.00
10/10/80	10.00
10/11/80	10.00
10/12/80	10.00
10/13/80	10.00
10/14/80	10.00
10/15/80	10.00
10/16/80	10.00
10/17/80	10.00
10/18/80	10.00
10/19/80	10.00
10/20/80	10.00
10/21/80	10.00
10/22/80	10.00
10/23/80	10.00
10/24/80	10.00
10/25/80	10.00
10/26/80	10.00
10/27/80	10.00
10/28/80	10.00
10/29/80	10.00
10/30/80	10.00
10/31/80	10.00

RATE (\$)		ADDITIONAL FEE (\$)
1	2	
1	2	

1. 10.  
2. 1. 11.

1. *Int. J. Environ. Res. Public Health* **2019**, *16*, 1000.

3. 3. 3.

The "Inventor's Name" must be printed in full, including all surnames, initials, and middle names.  
The "Address" must be printed in full, including street, city, state, and zip code.  
The "Title" must be printed in full, including job title, company name, and address.  
The "Inventor's Signature" must be handwritten in ink by the inventor or their authorized representative.  
The "Date" must be handwritten in ink by the inventor or their authorized representative.

This certificate of information is required by 37 C.F.R. § 1.61. The information requested herein is retained as benefit to the public which is to file (and by the USPTO) a provisional application. Confidentiality is governed by 37 U.S.C. § 172 and 37 C.F.R. § 1.61. This collection is estimated to take 10 minutes to complete, including gathering, reviewing, and submitting the completed information form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form, and any suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office (USPTO), Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. Do NOT SEND THIS FORM TO THE USPTO IF YOU ARE A FOREIGN NATIONAL. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

920522-95773  
10/805972

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	0
INDEPENDENT CLAIMS	2 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
XS18=	0
X86=	0
+290=	0
TOTAL	770

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.